## **Qualified Reservist Distribution Request Form**

The Heroes Earnings Assistance and Relief (HEART) Act allows for military personnel who are called to active duty for more than 180 days to make withdrawals from a health FSA via a Qualified Reservist Distributions (QRD).

| Name   | Social Secur                      | rity Number  |
|--|-----------------------------------|--|
| Employer   | Six digit Em                      | nployee I.D. Number  |
| State of Delaware  |                                   | 1 2  |
| Reserve Component* (i.e. branch of service)  | Date called                       | to active duty   |
|  |                                   |  |
| QRD Disbursement Request The maximum amount of your distribution is determine questions, please contact your Benefit Representative Distributions payment is considered to be taxable income.  |                                   |  |
| I elect to withdraw my total available balance in my Health FSA  (Total amount contributed less amount reimbursed as of the date of the request)   |                                   |  |
| I elect to withdraw only a portion of my Health FS.  | Α.                                | Amount Requested   |
|  |                                   | \$   |
| Participant Certification  |                                   |  |
| I certify that I am a member of the reserve component outlineriod of 180 days or more. I am an employee participating the current plan year. I understand that prior year fund balanot eligible for disbursement as a <b>QRD</b> . I understand the Flexible Spending Account. | g in my emplo<br>inces as well as | yer's health flexible spending account within s amounts forfeited prior to June 18, 2008 are |
| Additionally, I understand the <b>QRD</b> is a <u>taxable withdraw</u>   | <u>al</u> from my <b>H</b> e      | ealth Care Flexible Spending Account.  |
| I certify that all of the above requirements have been meabove. <b>Attached is a copy of my order or call to duty.</b> I a copy of my orders or call to duty along with this form.   |                                   |  |
| Participant Signature  |                                   | Date   |
|  |                                   |  |
| Employer Signature   | _                                 | Date   |
|  |                                   |  |
|  |                                   |  |

Return completed form to Statewide Benefits Office. Fax to (302) 739-8339

\*Paragraph 24 of section 101 of title 37 of the United States Code defines the term "reserve component" to mean: the Army National Guard of the United States; the Army Reserve; the Navy Reserve; the Marine Corps Reserve; the Air National Guard of the United States; the Air Force Reserve; the Coast Guard Reserve; or the Reserve Corps of the Public Health Service.